

Newark Eagles Base Ball Club  
101 Montgomery St.  
Newark, N.J.

Darltie Cooper  
114 W. Market St.  
Newark, N.J.

DEPARTMENT OF LABOR

Insurance Co. Self

E-40441

Date of Accident 5/19/40

Trenton N. J., 8/6/40 194.....

Acting on the information on file in this office, the Workmen's Compensation Bureau hereby places its approval on the settlement made covering compensation for injuries received by the above employee, as follows: Medical expenses not exceeding \$50. Hospital service not exceeding \$50. Also privilege of applying to Bureau for additional allowance:

Compensation for period  
of temporary disability, at \$.....15.42..... per week for .....9 1/7..... weeks totaling, \$.....140.99

Compensation for permanent injury at same rate for 12...1/2 weeks, paid or yet to be paid totaling, \$.....192.75

If compensation payments are not made as set forth above, or there is any change in condition calling for a modification of this settlement, this Bureau should be notified at once.

WORKMEN'S COMPENSATION BUREAU

Voluntary payment by company, \$.....

FORM NO. 5

PRESERVE THIS APPROVAL

Per .....

DANIEL A. SPAIR

Secretary.